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ABSTRACT

Information about which clients perceive psychologists as professional resources for which type of symptom is of interest in the marketing of psychological services. Gender and age have shown the most consistent relationships, while race, income, and education are less clear. This study examined absolute and relative preference for various types of helpers. Ratings were obtained of 922 university student and employees' help-seeking preference for 40 symptoms. The overwhelming majority endorsed self-help and informal helpers as their most preferred sources of help. Females and 30- to 40-year-olds were more inclined to seek services from psychologists than were males and younger and older respondents. There was also an inverse relationship between self-reported psychological problems and willingness to consult a psychologist. Subjects preferred psychologists over physicians for 25 of the 40 problems. Problems for which psychologists were preferred were more interpersonal and behavioral, and were characterized by a low absolute preference for engaging in any help-seeking from professional sources. Contains four tables. (JBJ)

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SEEKING HELP FROM A PSYCHOLOGIST: DEMOGRAPHIC AND SYMPTOM VARIABLES

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Abstract

Ratings were obtained of 922 university student and employees' help-seeking preferences for 40 symptoms. The overwhelming majority endorsed self-help and informal helpers as their most preferred sources of help.

Females and 30-to-40 year-olds were more inclined to seek services from psychologists than were males and younger and older respondents. There was also an inverse relationship between self-reported psychological problems and willingness to consult a psychologist.

Subjects preferred psychologists over physicians for 25 of the 40 problems. Problems for which psychologists were preferred were more interpersonal and behavioral, and were characterized by a low absolute preference for engaging in any help-seeking from professional sources.

INTRODUCTION

Information about which clients perceive psychologists as professional resources for which type of symptom is of interest in the marketing of psychological services. Gender and age have shown the most consistent relationships, while race, income, and education are less clear.

Tinsley, de St. Aubin, & Brown (1982) classified existing empirical literature into three main areas: 1) types of problems; 2) characteristics of help-seekers; and 3) categories of helpers. The major conclusion of their review was that help-seeking behavior in students is a function of both the specific type of problem and the potential helper. Professional counselors were not preferred for personal or career problems. Close friends were selected for personal problems while instructors, advisors, close friends and relatives were all selected over counselors for career problems. These findings suggest that relative frequency of endorsement of specific helpers is important. Most people have an image of themselves as able to handle daily problems, or they expect to rely on friends and family members.

The current study examined absolute and relative preference for various types of helpers. Based on previous findings (Neighbors & Jackson, 1984; Tinsley et al., 1982), we expected to find substantial overall preferences for self-help and informal support. Beyond that, to whom do people turn for help; and which outside helper do they prefer?

METHOD

Of 922 subjects who returned surveys, 496 were non-faculty employees and 426 were students at an urban southeastern university. Respondents ranged in age from 17 to 67 years (M=28.26; SD=10.85). 69.3% were female and 30.7% were male. 19.5% of the sample was black and 80.5% were white. All students were enrolled in Introductory Psychology. Black respondents were somewhat underestimated in both sample groups relative to the University population. Respondents' occupational categories resembled overall percentages of employees at the University with some over-representation of clerical employees and under-representation of professionals and blue-collar workers.

Subjects rated 40 items on a five-point Likert-type scale, ranging from: 1) "I absolutely would not" (seek help from ...); to 5) "I absolutely would." Ratings were completed, for each item, across five categories of helpers: Handle it yourself, Seek help from a friend or relative, Seek help from a medical doctor, Seek help from a psychologist, and Seek help from a clergy member. Items presented 40 symptoms representing DSM-III categories and presenting problems typical in psychology clinics. Symptoms included problems in living (e.g. failure in job/class), psychiatric symptoms (e.g. depression), psychophysiological complaints (e.g. ulcers), behavioral problems (e.g. shoplifting) and existential concerns (e.g. meaning of life). In addition to rating propensity to seek help from each particular helper for each symptom, subjects were asked to indicate whether they had ever experienced that symptom (yes/no).

Students completed the survey as part of a required mass testing procedure incorporating multiple studies. Employees were recruited by randomly selecting full-time classified employees from a list of university personnel after excluding employees of the Psychology Department and other departments where the experimenters' names were well-known. Of 1,000 surveys mailed to employees, 496 (49.6%) were returned. Instructions described the researchers' interest in when individuals seek help, and to whom they turn. For each of the 40 symptoms, subjects were asked to imagine that they had been experiencing it for one month and that it was intense enough for them to want it to cease.

RESULTS AND DISCUSSION

Responses were examined in terms of absolute propensity to seek help from five specific sources and by relative preference among these sources. Consistent with previous research, the majority of subjects (72.2%) rated "handle it yourself" as their most likely help-seeking activity. Another 18.6% reported that they would be most likely to consult a friend or relative. Only 9.2% rated consulting a psychologist (5.2%), physician (2.5%), or clergyperson (1.5%) as their first choice.

When preference ratings for consulting psychologists or physicians were compared directly for all subjects, averaging across the 40 problem types, 58.6% rated themselves as more likely to consult physicians. Mean ratings greater than the scale midpoint (i.e. "maybe I would...") were obtained for psychologists for only five problems, all associated with highly salient and distressing psychological symptomatology (i.e. panic,

substance abuse, suicidal ideation, hallucinations, and phobias), as shown in Table One. Subjects rated themselves as "probably not" to "maybe" likely to seek help from a psychologist for 35 of the 40 problems, and as "absolutely not" likely to see psychologists due to problems getting along with friends and neighbors. Subjects' preferences for consulting physicians were considerably more variable across problem types, with very high ratings provided for a number of problems associated with physical malaise (e.g. ulcers, serious illness in self), and very low for interpersonal problems (e.g. problems in romantic or family relationships, loneliness).

Psychologists were preferred over physicians for 25 problems and physicians for 15. For all but 2 of the problems for which physicians were preferred, subjects rated themselves as fairly to extremely likely to consult the physician. In contrast, in all but 3 cases (suicidal ideation, panic, and phobia), the problems for which subjects preferred psychologists were problems for which they were in fact unlikely to consult the psychologist. That is, for these many problems (mostly behavioral, interpersonal, or cognitive), subjects stated that they would be unlikely to seek professional help at all, but if they did do so it would more likely be from a psychologist than an physician.

A significant negative relationship was found between the number of symptoms respondents reported they had actually experienced, and preference for seeing a psychologist ($r=-.07$; $p<.5$); number of symptoms experienced was positively related to preference for seeing a physician ($r=.05$; $p<.05$). However,

willingness to see a psychologist was inversely related to ratings of respondents' perceptions of their own mental health (r=-.08, p<.05). Thus it appears that labeling problems as requiring counseling is important in propensity to seek help.

Subjects' choices of most preferred helper differed significantly as a function of age, F (4,881)=20.50 (p<.0001). Subjects who preferred not to seek professional help were younger than those who preferred professional helpers. Those who most preferred friends and relatives (N=165) were youngest (M=24.35 years), followed by those who preferred to handle their problems themselves (N=640, M=28.26). The 46 subjects who most preferred psychologists (M=32.50), and those who most preferred clergy (N=13, M=35.15), were significantly younger than those who most preferred physicians (N=22, M=43.14). Likewise, subjects preferring psychologists over physicians in a pairwise comparison tended to be younger (N=369, M=26.35 and N=523, M=29.61, respectively; F (1,897)=19.98, p<.0001). While preference ratings for "handle it yourself" were not found to be related to subject age, preferences for all other help sources decreased significantly with increasing age (see Table 2). Age was slightly but significantly correlated with preference for psychologists (r=.13, p<.0001, N=905).

Subjects' choices of most preferred helper also varied significantly as a function of gender, x^2 (4)=22.69, p<.0001. More males than females rated themselves as preferring to handle problems themselves, while females selected more of all other types of helper as their first choices (see Table 3). No

significant sex differences were found between subjects who preferred psychologists over physicians.

Chi^2 analysis revealed no significant differences between white and nonwhite subjects in their first-choice help sources. However, nonwhite subjects gave higher preference ratings to physicians (58.6%) than to psychologists (41.4%), χ^2 (1)=10.32, $p<.001$. Preferences for psychologists did not differ significantly between whites and nonwhites, but nonwhites reported higher preferences for physicians and clergy than did whites (see Table 4).

This study may be criticized because hypothetical symptoms were used instead of real problems being experienced by subjects. However, studies which have examined actual incidence of help-seeking for mental health problems in non-student populations (Neighbors & Jackson, 1984; Smead, Willis, & Smead, 1982) found whites and females to seek help at higher rates, with a decrease in service utilization as age increases. Replication of these well-established demographic trends supports the validity of subjects' responses to survey stimuli. Findings suggest that marketing of psychological services and public relations efforts should emphasize the appropriateness and viability of professional help-seeking for interpersonal and behavioral problems, rather than the suitability of psychologists as the helpers of choice for these problems.

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TABLE 1: MEAN PREFERENCE RATING FOR FIVE SOURCES OF HELP, BY PROBLEM TYPE

Problem	Psychologist mean/s.d.	Physician mean/s.d.	t Psychologist md difference	Clergy mean/s.d.	Friend/Family mean/s.d.	Self-help mean/s.d.
class/job failure	1.65 (0.92)	1.58 (0.71)	-9.17*	1.51 (0.86)	3.63 (0.98)	4.45 (0.85)
depression	2.46 (1.27)	2.16 (1.17)	-6.82*	2.06 (1.21)	3.77 (1.09)	4.15 (1.01)
romantic relationship	1.66 (0.99)	1.29 (0.67)	-11.60*	1.61 (0.99)	3.60 (1.15)	4.52 (0.79)
parent's death	2.24 (1.23)	1.84 (1.06)	-9.56*	2.85 (1.48)	4.26 (1.00)	3.96 (1.25)
feeling of unreality	2.75 (1.38)	2.16 (1.21)	-13.90*	1.94 (1.16)	3.31 (1.16)	3.93 (1.17)
nervous tension	2.27 (1.18)	2.74 (1.28)	10.37*	1.64 (0.94)	3.22 (1.18)	4.24 (0.92)
ulcers	1.87 (1.06)	4.60 (0.81)	66.08*	1.39 (0.77)	2.51 (1.23)	2.86 (1.43)
family conflict	2.12 (1.24)	1.47 (0.81)	-16.59*	1.99 (1.22)	3.76 (1.10)	4.31 (0.90)
sexual problem	2.40 (1.30)	2.92 (1.30)	10.63*	1.43 (0.82)	2.76 (1.33)	4.28 (0.96)
alcohol/drug problem	3.07 (1.48)	3.54 (1.35)	9.94*	2.25 (1.43)	3.48 (1.26)	3.68 (1.37)
hallucinations	3.43 (1.46)	3.96 (1.23)	10.28*	1.86 (1.23)	3.10 (1.33)	3.00 (1.47)
temper control	2.98 (1.40)	2.42 (1.24)	-11.75*	1.92 (1.18)	3.30 (1.17)	3.93 (1.10)
legal violation	1.67 (1.02)	1.31 (0.65)	-11.89*	1.87 (1.21)	3.51 (1.21)	4.02 (1.22)

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TABLE 1: MEAN PREFERENCE RATING FOR FIVE SOURCES OF HELP, BY PROBLEM TYPE

Problem	Psychologist mean/s.d.	Physician mean/s.d.	t Psychologist md difference	Clergy mean/s.d.	Friend/Family mean/s.d.	Self-help mean/s.d.
family medical illness	2.32 (1.30)	3.62 (1.49)	21.79*	2.74 (1.52)	3.93 (1.14)	3.71 (1.28)
self-image	2.66 (1.36)	1.69 (0.96)	-21.20*	1.93 (1.17)	3.54 (1.19)	4.13 (1.01)
loneliness	2.19 (1.23)	1.54 (0.83)	-17.00*	1.95 (1.16)	3.96 (1.07)	4.16 (1.03)
concentration	2.26 (1.22)	1.85 (1.04)	-10.30*	1.64 (0.93)	3.32 (1.16)	4.31 (0.89)
loss of interest	2.55 (1.32)	1.93 (1.10)	-14.33*	1.92 (1.15)	3.54 (1.12)	4.08 (1.01)
career problem	1.64 (0.97)	1.33 (0.67)	-10.37*	1.65 (1.00)	3.98 (1.04)	4.41 (0.90)
neighbor conflict	1.56 (0.97)	1.26 (0.56)	-11.45*	1.68 (0.98)	3.61 (1.14)	4.46 (0.78)
excessive worry	2.50 (1.28)	1.95 (1.10)	-12.67*	1.99 (1.19)	3.75 (1.03)	4.16 (0.93)
suicidal thoughts	3.58 (1.44)	2.61 (1.48)	-18.11*	2.81 (1.57)	3.72 (1.28)	3.58 (1.38)
loss of appetite	2.26 (1.25)	3.22 (1.33)	21.33*	1.45 (0.80)	3.08 (1.22)	4.23 (0.97)
shoplifting	2.66 (1.48)	1.54 (0.92)	-23.34*	2.11 (1.36)	3.06 (1.39)	3.97 (1.26)
unwanted thoughts	2.79 (1.37)	1.92 (1.11)	-19.28*	2.03 (1.24)	3.22 (1.24)	4.08 (1.04)

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TABLE 1: MEAN PREFERENCE RATING FOR FIVE SOURCES OF HELP, BY PROBLEM TYPE

Problem	Psychologist mean/s.d.	Physician mean/s.d.	t Psychologist nd difference	Clergy mean/s.d.	Friend/Family mean/s.d.	Self-help mean/s.d.
loss of energy	2.02 (1.11)	3.62 (1.19)	35.80*	1.45 (0.75)	3.03 (1.20)	4.08 (1.04)
memory problems	2.80 (1.36)	3.37 (1.31)	11.53*	1.56 (0.86)	3.12 (1.20)	3.77 (1.15)
fear of catching diseases	2.87 (1.42)	3.15 (1.34)	5.16*	1.61 (0.92)	3.02 (1.23)	3.87 (1.15)
sleep problems	2.57 (1.28)	3.50 (1.22)	20.55*	1.47 (0.79)	2.93 (1.23)	4.08 (1.01)
panic attacks	3.13 (1.37)	2.79 (1.36)	-6.73*	1.74 (1.05)	3.20 (1.18)	3.73 (1.21)
unable to sit still	2.45 (1.27)	2.62 (1.31)	4.09*	1.44 (0.73)	2.79 (1.21)	4.03 (1.01)
buying sprees	2.07 (1.20)	1.45 (0.73)	-16.94*	1.39 (0.72)	3.01 (1.26)	4.35 (0.91)
irritability	2.31 (1.23)	2.27 (1.21)	-1.12	1.60 (0.92)	3.29 (1.16)	4.21 (0.88)
headaches	2.01 (1.10)	3.96 (1.13)	44.26*	1.36 (0.66)	2.79 (1.27)	4.02 (1.21)
dizziness	1.89 (1.02)	4.21 (1.02)	54.57*	1.33 (0.62)	2.83 (1.24)	3.67 (1.26)
intense fear	3.35 (1.39)	1.41 (1.37)	-11.48*	1.69 (1.04)	3.21 (1.20)	3.77 (1.22)
question, God exists?	1.83 (1.12)	1.46 (0.73)	-14.01*	3.72 (1.52)	3.57 (1.23)	4.16 (1.05)

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TABLE 1: MEAN PREFERENCE RATING FOR FIVE SOURCES OF HELP, BY PROBLEM TYPE

Problem	Psychologist mean/s.d.	Physician mean/s.d.	t, Psychologist md difference	Clergy mean/s.d.	Friend/Family mean/s.d.	Self-help mean/s.d.
what to do in life	2.13 (1.18)	1.44 (0.76)	-17.63*	2.24 (1.35)	3.86 (1.03)	4.34 (0.86)
conflict right/wrong	2.44 (1.36)	1.44 (0.73)	-16.60*	2.62 (1.47)	3.75 (1.09)	4.32 (0.87)
medical illness in self	2.44 (1.36)	4.71 (0.76)	46.35*	2.61 (1.51)	3.58 (1.25)	3.34 (1.46)

Note: N=871-911

Standard deviations in parentheses

* $p < .001$

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TABLE 2: ABSOLUTE PREFERENCE FOR HELPERS BY AGE

	19 & younger N=246	20-29 N=324	30-39 N=200	40-49 N=75	50 & older N=56	F(df) (4,896)
Self	4.06 (.69)	4.03 (.69)	4.03 (.72)	3.84 (.84)	3.96 (.83)	1.60
Friend/family	3.55a (.76)	3.46a (.70)	3.32ab (.75)	3.14b (.79)	2.87c (.76)	13.26 **
Physician	2.31a (.58)	2.38a (.57)	2.60b (.72)	2.98c (.63)	3.04c (.73)	34.05 **
Psychologist	2.37a (.84)	2.29a (.85)	2.55ab (.90)	2.68b (.89)	2.42a (.93)	4.89 *
Clergyperson	1.74a (.69)	1.94ab (.82)	2.01b (.95)	2.12bc (.83)	2.27c (.95)	7.23 **

Note: Standard deviations in parentheses
Means with same letter in same row are not significant
*p $<$ .001
**p $<$ .0001

Table 3

MEAN PREFERENCE RATINGS FOR HELPERS BY GENDER

Type of Helper	Males	Females	F (1, 900)
Self	4.13 (0.64)	3.97 (0.75)	10.74*
Friend/Family	3.22 (0.78)	3.47 (0.74)	19.46**
Physician	2.34 (0.62)	2.59 (0.68)	31.48**
Psychologist	2.23 (0.82)	2.50 (0.88)	18.75**
Clergyperson	1.78 (0.78)	2.02 (0.87)	14.98**

Note: Standard deviations are given in parentheses.
* $p<.01$, ** $p<.0001$

Table 4

MEAN PREFERENCE RATINGS FOR HELPERS BY RACE

Type of Helper	Nonwhite	White	F (1, 892)
Self	3.94 (0.76)	4.04 (0.72)	N.S.
Friend/Family	3.42 (0.73)	3.39 (0.77)	N.S.
Physician	2.64 (0.70)	2.49 (0.66)	10.05*
Psychologist	2.40 (0.88)	2.42 (0.87)	N.S.
Clergyperson	2.22 (0.90)	1.87 (0.82)	22.88**

Note: Standard deviations are given in parentheses.
* $p<.01$, ** $p<.0001$